

Name (Print/Type)

PTO/SB/30 (09-06)
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U.S. Patent and Trad emark Office; U.S. DEPARTMENT OF COMMERCE

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Request for Continued Examination (RCE) Transmittal Address to: MS RCE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	Application Number	10/699,878-Conf. #3496		
	Filing Date	November 4, 2003		
	First Named Inventor	Masaki Kato		
	Art Unit	1756		
	Examiner Name	M. J. Angebranndt		
	Attorney Docket Number	H6790.0004/P004		

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application. Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application. 1. Submission required under 37 CFR 1.114 Note: If the RCE is proper, any previously filed unentered amendments and amendments enclosed with the RCE will be entered in the order in which they were filed unless applicant instructs otherwise. If applicant does not wish to have any previously filed unentered amendment(s) entered, applicant must request non-entry of such Previously submitted. If a final Office action is outstanding, any amendments filed after the final Office action may be considered as a submission even if this box is not checked. Consider the arguments in the Appeal Brief or Reply Brief previously filed on ______ Other ii. b. X Enclosed Information Disclosure Statement (IDS) X Amendment/Reply Other Affidavit(s)/Declaration(s) 2. Miscellaneous Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a period of _____ months. (Period of suspension shall not exceed 3 months; Fee under 37 CFR 1.17(i) required) The RCE fee under 37 CFR 1.17(e) is required by 37 CFR 1.114 when the RCE is filed. 3. Fees The Director is hereby authorized to charge the following fees, any underpayment of fees, or credit any overpayments to Deposit Account No. 04-1073 . I have enclosed a duplicate copy of this sheet. X | RCE fee required under 37 CFR 1.17(e) Extension of time fee (37 CFR 1.136 and 1.17) ii. iii. Check in the amount of \$ _____ enclosed Payment by credit card (Form PTO-2038 enclosed) SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED March 12, 2007 Signature

03/13/2007 JADDO1 00000010 10699878

33,082

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Registration No.

790.00 OP

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ork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

F//			Complete if Known						
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL		Application Number 10		10/699,878-Conf. #3496					
		Filing Date	N	November 4, 2003					
• ——		First Named Inv	entor V	Masaki Kato					
For FY 2006		Examiner Name	N	M. J. Angebranndt					
Applicant claims small entity status. See 37 CFR 1.27		Art Unit 1756							
TOTAL AMOUNT OF PAYMENT (\$) 790.00			Attorney Docket No. H6790.0004/P004						
METHOD OF PAYMENT (check all that apply)									
Check X Credit Card Money Order None Other (please identify):									
x Deposit Account Deposit Account Number: 04-1073 Deposit Account Name: Dickstein Shapiro LLP									
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee									
Charge any additional fee(s) or underpayments of X Credit any overpayments									
FEE CALCULATION									
1. BASIC FILING, SEARCH	. AND EXA	MINATION FEES							
1. BAOIO I IEINO, GEARGIA			ARCH FEES	EXAMIN	ATION FEES				
	- (4)	Small Entity	Small Entity	E00 (\$)	Small Entity	Fees Pa	id (\$)		
Application Type	Fee (\$)	Fee (\$) Fee (\$	5) <u>Fee (\$)</u> 250	<u>Fee (\$)</u> 200	Fee (\$) 100	7 000 1 0	10.167		
Utility	300		50	130	65				
Design	200	100 100		160	80				
Plant	200	100 300		600	300				
Reissue	300	150 500	250	***					
Provisional	200	100 0	0	0	0				
2. EXCESS CLAIM FEES Small Entity Fee (\$) Fee (\$)									
Fee Description Each claim over 20 (including Reissues) 50 25									
Each independent claim over						200	100		
Multiple dependent claims						360	180		
Total Claims Extra	Claims	Fee (\$) Fee	Paid (\$)	Paid (\$) <u>Multiple Dependent Claims</u>					
10 - 20 =	x	=		<u>Fee</u>	<u>⇒ (\$)</u> <u>F</u>	ee Paid (\$)			
HP = highest number of total clai	ms paid for, if	greater than 20.					-		
Indep. Claims Extra	Claims	Fee (\$) Fee	Paid (\$)	-					
14=	x	<u> </u>							
HP = highest number of independ	dent claims pa	id for, if greater than 3.					-		
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer									
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).									
			additional 50 or fra		Fee (\$)	Fee P	aid (\$)		
	xtra Sheets								
- 100 = /50 (round up to a whole number) x =									
Non-English Specification, \$130 fee (no small entity discount)									
Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 790.00									
SUBMITTED BY Signature Registration No. (Attorney/Agent) 33,082 Telephone (202) 420-4742									
Name (Print/Type) Mark J. T	hrodeba	<u> </u>	(Attorney/Agent) 35,002 Date March 2, 2007						
Name (Print/Type) Typerk J. T	moregon	7F.V.							